Unclaimed Property Inquiry

Issued under authority of P.A. 29 of 1995. Filing is voluntary.

Complete this inquiry form including your notarized signature. You may be required to complete and sign a formal claim

form and provide additional documenta	ition.	Tournay be required to complete and eight a fermal stamm
Name as it Appears on Published List *		Owner's Social Security Number or Federal ID Number
Claimant Name (if different)		Claimant's Social Security Number or Federal ID Number (if different)
Current Address (Number and Street or RR#)		Property Identification Number
City, State, ZIP Code		Daytime Telephone Number
* If the property owner is deceased, en	ter your name under C	claimant Name and your relationship to the property owner.
FORMER ADDRESSES. List the form	or addrossos in Michia	ran used by the property owner
Street Address	er addresses in Michig	
Street Address		City, State, ZIP Code
CLAIMANT CERTIFICATION		
Under penalties of perjury, I certify the Upon payment of this claim, said of	claimant will indemnif	ided on this inquiry form is true to the best of my knowledge. y and hold harmless the State of Michigan, officers and resulting in payment of the property being claimed.
SUBSCRIBED AND SWORN TO BEI	FORE ME THIS	SIGNATURES OF CLAIMANTS
DAY OF	, 20	
NOTARY PUBLIC COUN	TY, STATE	
MY COMMISSION EXPIRES		
1		

Visit Our Web Site at www.michigan.gov/treasury

Office Use Only:

Return completed inquiry form along with a copy of a picture I.D. and Social Security card to:

Unclaimed Property Division Michigan Department of Treasury Lansing, Michigan 48922